

CHART PHASE 2 RFP - FAQs
Updated 9/11/14

FAQs Posted 7/7/14

1. **Staff note:** An updated Prospectus template is located [here](#) [.docx]. The updated Prospectus template includes minor revisions to questions 14 and 15, which now provide a write-in space for CHART funding requests, allowing for total funding requests above \$6 million for Joint Hospital Proposals. The original Prospectus template is also posted for historical reference [here](#).
2. **Q:** The PowerPoint template on slide 10 of the 5/21/2014 Community Health Care Investment and Consumer Involvement Committee meeting would be helpful for us to organize our thoughts. Could you share this?
A: Please see the document [here](#) [.pptx].
3. **Q:** A Qualified Acute Hospital eligible for CHART Phase 2 funding that is part of a hospital system signed an agreement prior to the issuance of the Phase 2 RFP to transfer ownership to another hospital system. Will the system acquiring the eligible hospital be responsible for demonstrating system financial contribution based on system affiliations at the time of issuance of the RFP as noted in footnote 7 on page 11?
A: A CHART Hospital that is owned by a system that contains at least one Major Teaching Hospital is required to demonstrate system financial contribution to partially or fully match the HPC's CHART Phase 2 Investment. If system affiliation is anticipated by the Applicant CHART Hospital to change at any point during the Phase 2 application or implementation time period, the Applicant CHART Hospital must describe or demonstrate the amount, source and mechanism for system financial contribution at all relevant times during Phase 2, including but not limited to Proposal, Contract and Implementation Plan.
4. **Q:** Please clarify the distinction between the full Proposal due in September and the Prospectus due in July in terms of intent and content.
A: The purpose of the Prospectus is to facilitate early, standardized, written feedback from the HPC to the Applicant. The HPC will not provide definitive statements as to whether or not an Applicant should pursue particular Initiative(s). Feedback will be unilateral and there will be no opportunity for discussion or deliberation of HPC comments. The Prospectus will not be scored and the quality of a Prospectus will not be considered when reviewing and evaluating the final Proposal submission. The Prospectus is brief (seven pages maximum) and includes many elements of the full Proposal, but at a scaled back level of detail.

In contrast, the Proposal is the document that will be used for competitive review and selection by the Phase 2 Review Committee. Though based, in part, on questions contained in the Prospectus template, the Proposal will contain a much more complete description of Initiatives, including detailed templates for Impact Estimate and Budget. The Proposal also includes a detailed budget submission, estimates of impact, and details of partnerships among other elements. A detailed description of Proposal elements can be found in HPC-CHART-002, Section IV.B.2, pp. 25-8.
5. **Q:** If a Prospectus submission does not align with the HPC's expectations for Phase 2, will a hospital still be permitted to submit a full Proposal?
A: Yes; all Applicants who have submitted a Prospectus are invited to submit a Proposal.
6. **Q:** Will HPC staff provide clear feedback on the Prospectus submission?
A: Staff will provide standardized, written feedback in response to Prospectus submissions. Feedback from the HPC will address the required elements in the Prospectus submission described in

Section IV.A (e.g., whether proposed Community Partnerships are appropriate to the Proposal, how well the Proposal and proposed Initiative(s) align with identified Primary Aim(s) or meet identified community need(s)). The HPC will not provide definitive statements as to whether or not an Applicant should pursue particular Initiative(s). HPC staff feedback on Prospectuses does not guarantee that an Initiative will or will not be funded, but should assist Applicants in further honing their Initiatives for Proposals.

7. **Q:** If an Applicant submits a Prospectus earlier than the July 18, 2014 deadline, will the HPC provide feedback within approximately two weeks of submission?

A: Feedback to all Applicants will be sent at the same time, on or around August 1, 2014.

8. **Q:** Would it be appropriate to send multiple Prospectus submissions or should there be a single Prospectus that encompasses a broad swath of work that a hospital may be contemplating?

A: The Prospectus is not an opportunity to suggest multiple approaches to see what is received best by the HPC. Applicants may only send up to two Prospectus submissions: one Hospital-Specific Prospectus and/or one Joint Hospital Prospectus.

A single Prospectus may include multiple Initiatives targeting different populations. However, the Prospectus should include a single, overarching Aim Statement that integrates the proposed Initiatives into a coherent, structured whole.

9. **[See updated response at FAQ 40]**

Q: Will the CHART program provide a contact at each CHART Hospital and/or some sort of a forum through which other hospitals, community-based providers and vendors of enabling technologies can connect with CHART Hospitals?

A: Staff has heard interest and excitement from CHART Hospitals regarding leveraging of Community Partnerships and Enabling Technologies in Phase 2 Proposals. To help CHART Hospitals to connect with potential Community Partners and Enabling Technology vendors, the HPC anticipates posting a list of contacts at CHART Hospitals who have opted-in to such a list, and is working to develop mechanisms to support hospital awareness of potential Enabling Technologies.

10. **Q:** Can Applicants fund connection to and use of the Mass HIway in the Proposal budget?

A: Yes, up to \$100,000 per CHART Hospital can fund required Mass HIway activities. The CHART program is facilitating at least two webinars this summer with a focus on the Mass HIway.

11. **Q:** If two CHART Hospitals that are both part of one hospital system have ideas for two Proposals, should the Hospitals submit one Joint Hospital Proposal along with two nearly-identical Hospital-Specific Proposals?

A: No. If the two Hospitals wish to engage in aligned, collaborative work toward a common aim, this should be proposed in a Joint Hospital Proposal. From HPC-CHART-002, Section I.E, p. 10, “the intent of a Joint Proposal is to facilitate collaborative approaches to transformation and improvement whereas the intent of a Hospital-Specific Proposal is to create a pathway for Hospital-Specific Initiatives.” An aim best achieved through collaboration with one or more CHART Hospitals should be proposed in the form of a Joint Hospital Proposal.

12. **Q:** What kind of Proposal should be submitted if we had emergency department throughput issues at a system level and the same problem at multiple hospitals?

A: Initiatives with work conducted by multiple CHART Hospitals should be proposed in the form of a Joint Hospital Proposal.

13. **Q:** Do we need to submit the Impact Estimate Template with the Prospectus?

A: No, only the Prospectus template should be submitted for the Prospectus (Attachment B, Exhibit

- 1). Using the Impact Estimate Template as you prepare a Prospectus submission may be helpful in beginning to quantify impact, but it will only be required for Proposals.
14. **Q:** Must the Impact Estimate Template be certified by an actuary or an economist?
A: No, certification by an actuary or an economist is not required.
15. **Q:** Please elaborate on the strategic planning requirement. How broad or specific should our planning initiative be?
A: Applicants must propose a scope of strategic planning, and the proposed budget should be commensurate with the scope. Planning can be “bold and visionary...including, for example, shifting...hospital service availability to meet community needs,” or it can be focused on “sustainability of the funded CHART Phase 2 Initiative(s).” (HPC-CHART-002, Section I.E.2, p. 15).
16. **Q:** Is the Implementation Planning Period part of the budget?
A: Budgets should be developed anticipating a 24-month period of operational activity. A \$100,000 payment will be disbursed at the start of the Implementation Planning Period, but this payment should not separately be budgeted.
17. **Q:** We have already submitted many of the CHART Phase 2 mandatory forms when we applied for CHART Phase 1. Must we submit these again?
A: Yes, all mandatory forms and certifications are required submission elements for a CHART Phase 2 Proposal.
18. **Q:** How would a hospital request written authorization to include capital expenses (e.g. renovation/repurposing of existing space) as part of the proposal?
A: There is no separate process for requesting authorization for capital expenditures. An Applicant should specify all anticipated expenses for CHART Phase 2 Initiatives in the Prospectus (high-level summary) and Proposal (details). In particular, the budget narrative should describe in detail the costs associated with a Proposal, including justification for any capital expenses. The HPC will make determinations on the allowance of capital expenses during review and selection.
19. **Q:** Given the time of year and the scope of the engagement, will HPC consider an extension for the Prospectus due date?
A: The HPC will not consider requests for extension for the Prospectus due date. The Prospectus is intended to be a directional summary of an Applicant’s *anticipated* Proposal and should be reflective of the Applicant’s Proposal at the time of submission. As this is a non-binding Prospectus upon which the HPC will provide feedback, the nature and scope of Initiatives may change in the final Proposal.
20. **Q:** Can a hospital file a Joint Hospital Proposal if a Prospectus is not submitted?
A: ~~No, a Prospectus is required as a prerequisite for a Proposal. However, eligible hospitals may be added to (or removed from) a Joint Hospital Proposal after the Prospectus phase.~~ Rescinded, per FAQ #57 (RFP revised 8/12).
21. **Q:** Would a health system affiliated or owned behavioral health provider be considered an eligible “Joint Hospital” partner?
A: No, Applicants in a Joint Hospital Proposal must all be CHART Hospitals. However, a health system affiliated or owned behavioral health provider is likely to be an appropriate Community Partner for a CHART Hospital. Community Partnerships -- relationships between CHART Hospitals and community providers and other human service agencies -- are strongly encouraged in CHART Phase 2.

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22. **Q:** Should Applicants designate an administrative lead in a Joint Hospital Proposal? For hospitals in the same system submitting a Joint Hospital Proposal, should Investment Director(s) have a role at the system level or one of the hospitals in the system?

A: The HPC has amended the RFP to clarify that all Proposals -- whether a Hospital-Specific Proposal or a Joint Hospital Proposal -- must identify clinical and operational Investment Director(s) for each CHART Hospital participating in the Proposal. One individual may represent both functions, or two individuals may be designated for each participating Hospital. For a Joint Hospital Proposal with Hospitals in the same system, one or more Investment Directors could serve that role for more than one Hospital. Investment Director(s) must possess the relevant skills and expertise as well as the clinical and operational formal authority and informal influence to make and sustain the changes proposed at the participating Hospital.

In addition, the RFP is being amended to clarify that a Joint Hospital Proposal must “describe the overall governance structure for oversight and implementation of the Proposal.” No particular governance structure is required. For hospitals in the same system submitting a Joint Hospital Proposal, the proposed overall structure for oversight and implementation might include designation of one or more Investment Director(s) for the overall Proposal, designation of an individual(s) with a role at the system level and/or at a participating Hospital as administrative lead, or another governance structure to ensure successful implementation of the Proposal at the participating Hospitals.

The amended RFP is posted [here](#). Relevant amendments are noted in red on pages 8, 22, and 27. The original RFP is also posted for historical reference [here](#).

23. **Q:** Is there a minimum amount required for the related health system financial contribution? Does this financial contribution need to be cash or are can in-kind contributions be made?

A: There is no minimum amount of financial contribution. The level of financial contribution committed will be judged as a competitive factor in awardee selection. Financial contributions may be cash or in-kind. (HPC-CHART-002, Section I.E., p. 7).

24. **Q:** Should the Prospectus be submitted by e-mail or through an online form?

A: The Prospectus should be submitted as an attachment to an e-mail to HPC-CHART@state.ma.us no later than 3:00PM on Friday, July 18, 2014. (HPC-CHART-002, Section IV.A., p. 21).

25. **Q:** Must hospitals that anticipate partnering in a Joint Hospital Proposal declare this intention in a Prospectus?

A: A separate Prospectus is required as a prerequisite for each anticipated Hospital-Specific and Joint Hospital Proposal. Each Applicant may only be party to one Hospital-Specific Prospectus and one Joint Hospital Prospectus. To maximize opportunity to develop collaborations, the Applicants may add additional CHART Hospitals not party to a Prospectus submission to the final Joint Hospital Proposal. *See also FAQ 20.* (HPC-CHART-002, Section IV.A., p. 21).

26. **Q:** In terms of clarifying Joint and Hospital-Specific Proposals, can the Hospital-Specific Proposal establish a platform or foundation that aligns with a Joint Proposal?

A: No. If two Hospitals wish to engage in aligned, collaborative work toward a common aim, this should be proposed in a Joint Hospital Proposal. From HPC-CHART-002, Section I.E, p. 10, “the intent of a Joint Proposal is to facilitate collaborative approaches to transformation and improvement whereas the intent of a Hospital-Specific Proposal is to create a pathway for Hospital-Specific Initiatives.” An aim best achieved through collaboration with one or more CHART Hospitals should be proposed in the form of a Joint Hospital Proposal. Not all Hospitals participating in a Joint Hospital Proposal must conduct identical activities. Complementary variation may be appropriate, for

example, when Hospitals collaborating in a Joint Proposal have different population needs and / or different baseline capacity but are addressing a shared set of Aims through coordinated Initiatives.

27. **Q:** To clarify, if one hospital anticipates proposing multiple Initiatives, all Initiatives should be included in one Prospectus and not submitted in multiple Prospectuses, correct?
A: Yes. The Prospectus is not an opportunity to suggest multiple approaches to see what is received best by the HPC. Applicants may only send up to two Prospectus submissions: one Hospital-Specific Prospectus and/or one Joint Hospital Prospectus. Each Prospectus may include multiple Initiatives, all of which must be aligned around a single Aim Statement.
28. **Q:** Can you go into more detail about Question 17 on the Prospectus template (Attachment B, Exhibit 1): "Describe the Questions to be addressed by the Applicant in Strategic planning?" Do you want the questions and then an explanation of the question - or why the question was asked? Or just the questions?
A: For the Prospectus submission, an Applicant should describe the anticipated areas of focus of Strategic Planning; this description may but is not required to include a justification for those questions.
29. **Q:** Question 4 on the Prospectus template (Attachment B, Exhibit 1) has check boxes but there seem to be technical difficulties and the check boxes do not work.
A: Staff has reviewed the Prospectus template and Question 4 works properly. Individuals with specific technical concerns may e-mail HPC-CHART@state.ma.us.
30. **Q:** To whom should one direct technical questions or problems?
A: All inquiries should be directed to HPC-CHART@state.ma.us.
31. **Q:** If there are updates to the RFP or any new information should potential Applicants check the HPC website or will the HPC be providing alerts?
A: Any RFP amendments will be posted on the CHART website and will be sent to Chief Executive Officers of CHART Hospitals by electronic mail. Updated FAQs will be posted on the HPC website on an on-going basis. CHART Hospitals and Applicants are advised to check this [site](#) regularly.
32. **Q:** Does a CHART Phase 2 Applicant need to identify a vendor and existing product to propose an Enabling Technology?
A: No; a Phase 2 Applicant may propose a specific vendor / product but need only specify the intended use and functionality needs of Enabling Technologies in their Proposal.
33. **Q:** Regarding Community Partnerships, the Prospectus asks an Applicant to describe types of organizations that are "contemplated" as part of the Proposal. Does this mean that specific partners do not need to be identified in the Prospectus?
A: Yes. Specific Community Partners may but are not required to be identified in a Prospectus. A description of the type or kind of anticipated Community Partnership is sufficient. (HPC-CHART-002, Section IV.A., p. 23).
34. **Q:** Are community health centers eligible for CHART Phase 2 funding?
A: Only CHART Hospitals (HPC-CHART-002, Section I. D, p. 7) are eligible to apply for CHART Phase 2 Awards; however a community health center may be engaged in a Community Partnership with a CHART Hospital and receive funds as a subcontractor of the Hospital (HPC-CHART-002, Section I.D., p. 7).
35. **Q:** Would a CHART Hospital which provides behavioral health services be an eligible partner for a Joint Hospital Proposal?

A: Yes. Any CHART Hospital may participate in a Joint Hospital Proposal with any other CHART Hospital.

36. **Q:** Can the HPC please define Clinical Investment Director and Operational Investment Director?

A: “Investment Directors” are defined as CHART Hospital staff responsible for accountability and oversight of implementation of each Award. A Proposal must identify one clinical and one operational Investment Director for each CHART Hospital participating in the Proposal. One individual may represent both functions, or two individuals may be designated. Investment Director(s) must possess the relevant skills and expertise as well as the clinical and operational formal authority and informal influence to make and sustain the changes proposed at the participating CHART Hospital(s). There is no specific definition of a Clinical Investment Director or an Operational Investment Director – these are functional definitions intended to clarify that Investment Directors must have clinical and operational authority. (HPC-CHART-002, Section I.D. p. 9).

37. **Q:** Can CHART hospitals be reimbursed for monies spent during the gap period between Phase 1 and Phase 2 Awards?

A: No. The HPC has considered and approved many no-cost extensions for Phase 1 awards to allow expenditure of all Phase 1 funds; however monies spent between Phase 1 and Phase 2 cannot be reimbursed.

38. **Q:** Would it be possible to receive the applicable points for each criterion as highlighted in HPC-CHART-002, Section V.I.E.?

A: The HPC has not assigned subcategorical values to these criteria.

39. **Q:** Are two projects within one Proposal allowed in Phase 2? For example, if a hospital has a new proposed endeavor that is separate from the programs begun in Phase 1, can we request funding for both continuation of our Phase 1 activities and the new Initiative?

A: Yes. Multiple Initiatives may be proposed within a single Prospectus / Proposal. All proposed Initiatives must relate to the single Aim Statement.

40. **Staff note:** In response to requests from CHART Hospitals, the HPC will publish a non-exhaustive list of Enabling Technologies for consideration by eligible community hospitals in CHART Phase 2 Proposals. A vendor of an Enabling Technology [may apply to the HPC](#) to have its product(s) considered for listing on the HPC’s website. The HPC in its sole discretion may organize and provide the information to eligible community hospitals for informational purposes only, and reserves the right to amend or reject any proposed submission. The listing and periodic updates will be posted on the [HPC CHART Phase 2 website](#). *The inclusion of or reference to any vendor or product on the HPC Enabling Technology Listing does not convey or imply endorsement by the HPC, and in no way guarantees selection of a particular vendor or product by an eligible community hospital, or subsequent approval for use by the HPC as part of a funded Proposal.*

FAQs Posted 7/17/14

41. **Q:** Is it standard HPC procedure to NOT post documents for any CHART application online? As in – will there ever be a point when Phase 2 CHART applications are available publicly? If yes, when would that be?
- A:** All responses and related documents submitted in response to the Phase 2 RFP or that relate to any Contract Awarded as a result of this RFP are public records and are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10 and M.G.L. c. 4, § 7(26). Phase 2 Proposals and related records are exempt from release until Contracts are executed with Awardee hospitals. The HPC has no plans at this time to post Phase 2 applications to its website.
42. **Q:** Is a cover letter required for the Prospectus submission?
- A:** No cover letter is required to accompany the Prospectus submission. Only the Prospectus template Word document (Attachment B, Exhibit 1) should be submitted. An authorizing cover letter is a required element of the Proposal submission due September 12, 2014.
43. **Q:** Can you please provide an additional description of the role of Investment Director? Namely, please describe the expectations of the role, commitment (is this the person that will be expected to attend the Phase 1 Leadership Academy?), and any other pertinent information that may be useful in identifying the ideal person for this role within an organization.
- A:** The Investment Director(s) is expected to be the day-to-day executive sponsor of a CHART Phase 2 Award, both clinically and operationally. The specific responsibilities will vary organization by organization, but the Investment Director(s) must have the ability to advance the work of CHART Phase 2 within the CHART Hospital, including both through oversight and influence at the hospital, and through engagement with the HPC. For the Investment Director(s), a minimum ten percent (10%) FTE commitment to the Award is required. Investment Directors are encouraged to attend the Phase 1 Leadership Academy, though their attendance is not required. (HPC-CHART-002, Section IV.B.3, p.29)

FAQs Posted 8/20/14

44. **Q:** May tables, graphs, or other figures be included in Proposals?

A: Tables, graphs, or other figures may be used in Proposals, either inserted in text or as an appendix. However, Proposal page limits still apply as specified in the RFP (e.g., 20 pages in the case of the Operational Response).

45. **Q:** How should societal benefits and other positive impacts of proposed Initiatives be quantified in the Impact Estimate Template?

A: The Impact Estimate Template serves two primary purposes in the CHART Phase 2 Proposal development and review process. First, the Impact Estimate Template should be used to guide the Proposal development process for CHART Phase 2 Applicants. Use of this Template will support Applicants in performing sufficient data analysis to develop a focused Aim Statement: “what (the measurable Aim), by when, how much, and for whom (which population).” Second, the Impact Estimate Template will demonstrate the Applicant’s ability to design a targeted, outcomes-oriented Initiative that proposes to achieve improved care at reduced cost. Applicants may include societal benefits and other positive impacts in the Template in any one or more of many different ways, including, e.g., specifying the unit cost and total financial impact of savings resulting from a given intervention. Applicants could start by describing the anticipated impact, proposing a method for quantifying that impact, and finally, justifying the estimate with data known to the hospital and other theories of change that underpin the calculation.

Applicants may modify the Template to reflect calculations that may be better suited to the specific Initiative(s) of the Proposal. Applicants may account for non-medical cost savings, for example savings from reduced recidivism or incarceration, or expenditures in other public/social domains. In exceptional cases, Applicants may elect to not use the Template if the proposed Initiative(s) cannot be quantified in terms of impact on population health and/or costs. If this is the case, Applicants are required to provide a 1-2 page explanation of why their Proposal’s impact advances one or more Primary Aims, but cannot be quantified using the Impact Estimate Template.

46. **Q:** Is the narrative description that must accompany the Impact Estimate Template considered part of the page limit (20 pages) of the Operational Response?

A: The additional narrative does not contribute to the Operational Response page limit; however the narrative must be limited to 5 pages, single-spaced. (HPC-CHART-002, Section IV.B.4, p.31)

47. **Q:** If a hospital is submitting both a Hospital-Specific Proposal and a Joint Hospital Proposal, must Mass HIway be included as a component for both? Or must the \$100,000 hospital cap be spread across both Proposals?

A: The \$100,000 cap per Hospital for connection to and use of the Mass HIway is cumulative across all Proposals. An Applicant hospital that is participating in both a Hospital-Specific and Joint Hospital Proposal is required to specify Mass HIway use in both Proposals, with the total funding request for any Applicant hospital not to exceed \$100,000.

Although Applicants are not required to request funding for Mass HIway work, all Awardees will be responsible for performing work to further develop their Mass HIway capabilities (e.g., joining and transacting patient information, and achieving Direct Messaging and Query and Retrieve services on the HIway).

48. **Q:** May Hospitals capture program income (e.g., revenue generation), the cost savings of preventative programs, and the ROI of new salaried positions that will be sustained in the long term? Should these be addressed in the templates, narratives, or both?

A: Strong Proposals will utilize the full suite of largely open-ended templates and narrative Response opportunities provided in the Proposal Response format to describe, quantify and justify a compelling case for investing CHART Phase 2 Awards in the Initiatives proposed.

49. **Q:** In the RFP there are several references to “theory of change” and one reference to “theory of action.” Are these terms intended to be interchangeable?

A: "Theory of change" and "theory of action" are used synonymously in the RFP.

50. **Q:** Can the HPC provide a list of the Primary Aims elected by Hospitals in their Prospectus submissions?

A: The listed Primary Aims for Prospectus submissions can be found in the August 6, 2014 presentation to the HPC’s Community Healthcare Investment and Consumer Involvement Committee [here](#) (see slide 24).

51. **Q:** How do I add rows to the Hospital tabs in the Budget Template?

A: Please ensure you are using the most up-to-date version of the Budget Template. There is an updated (v2) Budget Template on the HPC CHART Phase 2 Website which will allow you to add rows. If a new row of additional budget items is required, highlight the entire row by clicking the grey number bar on the left, right click, and select "insert". Please contact HPC-CHART@state.ma.us for any other technical questions about the Template.

52. **Q:** Should each Proposal have one Aim Statement, regardless of the number of Primary Aims and Initiatives encompassed in the Proposal?

A: Yes. Each Proposal, regardless of the number of Primary Aims selected, should include only one Aim Statement which all proposed Initiatives ultimately advance.

53. **Q:** Can the HPC provide an editable version of the CHART Phase 2 Timeline on the HPC website?

A: For your convenience, the HPC has made available a Gantt Chart timeline template in Microsoft PowerPoint on the [HPC website](#).

54. **Q:** May Hospitals propose a shared activity, expense, or partnership among Hospitals outside of a Joint Hospital Proposal? For example, could three Hospitals propose dividing the expense of identical enabling technology work in three separate Hospital-Specific Proposals?

A: The Joint Hospital Proposal path is intended for this type of shared activity. Shared or very similar coordinated activities or partnerships proposed by Hospitals are more appropriate as part of a Joint Hospital Proposal than in separate Hospital-Specific Proposals.

One example of where shared activities, expenses, or partnerships among Hospitals may be appropriate in a Hospital-specific Proposal is an instance in which a CHART Hospital (the Applicant) is partnering with a non-CHART hospital.

55. **Q:** How do "Community Needs" differ from a Hospital's “Target Population”?

A: Community Needs describe the barriers to health which are local to the community that you serve. These should be rooted in data. Strong Proposals will include detailed, locally relevant analyses of Community Needs rather than, for example, generalized, national epidemiological trends. All proposed Initiatives should be designed to address identified Community Needs.

The Target Population describes the patients that the Initiatives will impact. (HPC-CHART-002, Section IV.A, p. 23.) This is the *specific* cohort whose needs your Initiative(s) will seek to address, and the group of patients whom you intend to receive your Indicatives.

56. **Q:** Must all individual Initiatives share the same impact measurements?

A: Initiatives do not need to share the same impact measurements, nor does there need to be a 1:1 ratio of measures to Initiatives.

57. **Q:** Can Hospitals submit a Proposal that is scaled-back in scope or budget relative to the Prospectus?

A: Yes, in their Proposal a Hospital may modify any aspect of the work described in at Prospectus submission including scaling the Proposal back in scope or budget. Furthermore, the RFP has been modified to allow any Hospital that submitted a Hospital-Specific Prospectus to opt to also or instead submit a Joint Hospital Proposal (for a maximum of one Hospital-Specific Proposal and one Joint Hospital Proposal).

58. **Q:** At what level of detail should Proposals describe Strategic Planning, and what is the HPC's intention in distinguishing between Implementation / Operational Planning and Strategic Planning in the Prospectus feedback?

A: Proposals should include an overarching description of the themes and questions to be addressed in Strategic Planning to advance the Hospital's ability to provide efficient, effective care and to meet community needs in an evolving health care environment. Strategic Planning should assist the Hospital in planning how it will address identified Community Needs over the next several years, addressing population health, cost, and quality needs over the next 5-10 years in the context of the Triple Aim and healthcare cost containment priorities. Proposals need not describe the process or key staff, consultants, and resources for Strategic Planning in great detail.

Please note that Implementation Planning for CHART Phase 2 Initiatives is a separate and distinct activity from Strategic Planning, and occurs in the 90 day Implementation Planning Period for Awardees. In other words, while planning for the *implementation* of CHART-funded activities would not meet the requirement for Strategic Planning, a Strategic Planning proposal to ensure *sustainability* of Phase 2 Initiatives *after* January 31, 2017 would be acceptable.

59. **Q:** Could you give an example of an Aim Statement that encompasses multiple Initiatives that have different measures, time tables and Target Populations?

A: Aim Statements are versatile tools, and development of a single Aim Statement for a Proposal can be approached in a variety of ways. Your Aim Statement may have multiple clauses, or incorporate a brief list under the auspices of a single Aim Statement. In addition, your Aim Statement may serve as an overarching goal addressed by multiple Initiatives. For example, an Aim Statement targeting "preventable readmissions" might be advanced by multiple Initiatives or activities, targeting different subpopulations and with differing timelines. For illustrative purposes only, an Aim Statement that encompasses multiple initiatives might read:

"By January 31, 2017, ABC Hospital will reduce all-cause readmissions by 20% and reduce Emergency Department utilization for behavioral health patients by 30%."

60. **Q:** What kinds of capital improvement requests may be in scope, and which may be out of scope?

A: CHART Phase 2 is not primarily intended to fund capital investments; however the HPC may consider such requests in exceptional circumstances as part of an integrated Initiative. If your budget proposal includes funds for space (e.g., design / build), you should clearly describe the current state of the space and why the proposed level of spending on space supports achievement of your Aim Statement. Your Proposal must make a compelling case for the proposed expenditure, and should describe in detail what currently exists, what the proposed expenditure is for, and how the expenditure would advance the Aim Statement in a cost-efficient manner.

To the extent that capital improvements are necessary for a Proposal, Hospitals may wish to target in-kind contributions from their organization to support these investments.

61. **Q:** For hospitals that are part of a system that contains at least one Major Teaching Hospital, what constitutes a ‘meaningful’ financial contribution by the system?
A: As stated in the RFP, a system contribution is required and is a competitive element of the Proposal. The HPC will not specify a minimum required contribution.
62. **Q:** How has the HPC arrived at the timelines it has for CHART Phase 2, recognizing the difficulty of securing staff to respond to the RFP and for the post-award Implementation Planning Period?
A: The CHART Phase 2 timelines are intended to provide sufficient time for Proposal development, while maximizing impact from CHART investments including carry-on activities from Phase 1. The HPC has heard feedback from CHART Hospitals in support of both earlier and later deadlines.
63. **Q:** May Phase 2 Awardees use Phase 2 funds to reimburse "gap" or other unfunded expenses from a Phase 1 project?
A: No, gap or other unfunded expenses from a Phase 1 project are not within scope for Phase 2. If the HPC funds a Phase 2 Proposal to continue a Hospital's Phase 1 activities, funds may only be expended by the Hospital prospectively, after execution of a Phase 2 contract with the HPC.
64. **Staff note:** A new modifiable PDF called the, "Mass HIway Use Case Development Form" has been made available on the HPC Phase 2 [Website](#). This form is intended to help hospitals develop their plan for connection to and usage of the Mass HIway. This includes a commitment to actively contribute encounter data to the Mass HIway Relationship Listing Service and the development of a direct messaging use case.
65. **Q:** How should Applicants submit metrics in the Proposal?
A: Please submit a list of metrics in a separate document (e.g., an Excel spreadsheet). There is no specified page limit.
66. **Q:** We are concerned about having received DSTI and ICB funds. Can the HPC provide guidance on how we can ensure non-duplication with CHART funds?
A: Applicants who have received DSTI, ICB, and other federal and state grant funding sources are encouraged to apply for CHART Phase 2. While the HPC supports alignment and synergy of investments, few Prospectus submissions made reference to other grant funding sources. As a reminder, in developing Proposals, Applicants must indicate the presence of and describe in detail the alignment and non-duplication of proposed CHART Initiatives with other grant programs. In appropriate cases, the HPC will work with Awardees during the Implementation Planning period to ensure appropriate alignment and non-duplication.

FAQs Posted 9/4/14

67. **Q:** Is it permissible for two CHART Hospitals which are not submitting a Joint Proposal to partner in CHART Phase 2 funded activities that support regional impact and sustainability?
- A:** While the HPC encourages Hospitals to collaborate in pursuit of community health, the Joint Hospital Proposal is the appropriate vehicle to request CHART funding for CHART Hospital collaboration and coordination. Please see also, FAQ Questions #11, 26, 54, and 57. Staff anticipates opportunities for collaborative learning during Phase 2 among CHART Hospitals engaged in similar CHART-funded activities.
68. **Q:** In the RFP on page 27 there is a description of “**Organizational, Clinical & Operational Leadership**” that asks the applicant to describe the “extent and nature of Board involvement and support.” Is the HPC looking for a letter from the Board or description of actions taken by the Board? And if a letter from the Board would suffice – would that count towards the 20 pages of response for the overall Operational Response?
- A:** The HPC requires a description of the type and level of involvement of the applicant CHART Hospital’s Board. A letter from the Board stating the type and level of Board participation in the Proposal is acceptable within the Operational Response. However, because a description of Board involvement is a required element of the Operational Response, a letter from the Board would count toward the 20 page limit. Alternatively, a short written description of the Board’s commitment and oversight, included in the Operational Response, would be appropriate.

FAQs Posted 9/5/14

69. **Q:** The instructions for completing the Impact Estimate Template state that numbers for patients and budget should be based on 2 year projections, yet in a few of the columns on the first page of the impact estimator (avoidable hospital use), the term *per year* is used. Can you clarify?

A: The Impact Estimate Template should be completed to reflect the entire two-year Period of Performance. In the example provided, a per-year estimate was used to establish an annualized baseline, whereas all calculations in the “Initiative 1 Implementation” and “TOTAL INITIATIVE IMPACT” sections reflect two years of performance.

Please pay close attention to calculations in the template to ensure that your submission accurately reflects the full impacts of your Proposed Initiative. For instance, an avoidable hospital use Initiative anticipating targeting 750 patients *per year* during the two-year Period of Performance could list 1,500 as the “Target population [Initiative X] will serve (# of people)” in [F], cells C14:F14.

70. **Q:** Please provide additional guidance on how to calculate and substantiate indirect costs in the Budget and Budget Narrative.

A: Applicants are not required to include indirect costs in funding requests; instead, Hospitals may prefer to absorb these costs. A Hospital wishing to include indirect costs in its CHART Phase 2 funding request must describe the method for calculating the rate in their substantiation. The HPC has not prescribed a single rate or method for calculating indirect costs. For example, a Hospital with a negotiated federal Indirect Cost Rate may describe this. If, instead, the hospital finance department has calculated an indirect rate, please include brief documentation on how the finance department arrived at this rate.

Note that, per the RFP (Section IV.B.3.3; p. 29), “Indirect costs **should not exceed 15% of pre-fringe benefit personnel costs** (including all employed and per diem Staff; excluding consultants). A detailed description of the basis for the indirect cost rate must be provided.”

71. **Q:** Is the new Mass HIway Use Case Development form required as part of a complete Proposal, or intended to serve as a planning tool? Should it be submitted separately from the Operational Response?

A: The new Mass HIway Use Case Development form (*see*: FAQ #64) is intended to aid in your planning and is not required as part of the Proposal. An Applicant may either describe the Mass HIway use cases in the Operational Response narrative, or submit a Mass HIway Use Case Development form. The form does not count toward the 20 page limit of the Operational Response when uploaded as a separate attachment from the Operational Response.

72. **Q:** How many Mass HIway Use Case Development forms should each Hospital submit?

A: For Hospitals using the Mass HIway Use Case Development form, one form should be used per use case. While a Hospital may describe multiple use cases (therefore using multiple forms), only one use case is required. (RFP, Section. I.E.2, p. 13)

FAQs Posted 9/9/14

73. **Q:** When I insert rows into the Budget Template, the additional rows are not reflected in the roll-up summary cells. How should I insert rows into the form so that the summary fields populate correctly?
A: First, please ensure that you are using [the most recent version](#) (“v2”) of the Budget Template Form currently available on the HPC CHART Phase 2 webpage.

The current version of the form allows you to add rows. To add a row so that the formulas work correctly, you should only add rows in the “middle” of budget sections; for example, to add additional staff salaries under “Proposal Budget: Personnel Salary,” right click on row 46 in the gray, left-hand numerical column to the left of the number “20” in column A. Select “Insert”. Rows inserted above or below the existing cells already included in each section will not be included in the budget summary.

74. **Q:** The last column for Net Savings calculates this number by ADDING Total estimated savings and Total Cost of implementing. Shouldn’t this be Savings MINUS cost of implementing?

A: Savings estimates are represented throughout the form as negative values (i.e., in parentheses). Therefore, the Net Savings calculated by the form will be the difference between *adding* the total costs (positive) with the anticipated savings (negative). Net Savings, therefore, will also be represented as a negative value. Please ensure that, like in the provided examples, your submission calculates savings as negative numbers.

75. **Q:** Do the caps for Mass HIway and Strategic Planning funding requests only apply to the requested amount, or to the overall budget as well? In other words, could the Hospital or system contribute cash or in-kind resources towards these items that would exceed the \$100,000 or \$250,000?

A: Caps on funding requests for Strategic Planning (\$250,000) and Mass HIway (\$100,000) apply only to the amount requested from the CHART Program. Hospitals may supply cash or in-kind contributions for any amounts above the specified caps on CHART funding.

76. **Q:** If we are including footnotes/endnotes in the Operational Response, do they count towards the 20 page limit?

A: Similar to FAQ #44, footnotes and endnotes may be used in Proposals. However, Proposal page limits still apply as specified in the RFP (e.g., 20 pages in the case of the Operational Response).

77. **Q:** Is it permissible to change the order of required elements in the Operational Response from the order in which they are listed on pp. 26-28 of the RFP?

A: Provided all required elements (e.g., Abstract, Aim Statement, Community Partnerships) are present, the order in which they are described in the Operational Response is inconsequential.

78. **Q:** How should the “Line Item Narrative Justification” in the Budget Template differ from the information provided in the Budget Narrative?

A: The “Line Item Narrative Justification” should be a very brief note as to where the monies in that line are going (e.g., “Social Worker Salary,” “IT Consulting Engagement”). The Budget Narrative, on the other hand, should be an in-depth, story-form explanation of the items described in the Budget Template and how they contribute to achieving the Proposed Initiative.

79. **Q:** Does the Driver Diagram count toward the 20 page limit in the Operational Response?

A: Your Driver Diagram should be included in your Operational Response, and will count towards your 20 page limit (RFP Section IV.B.1; p. 23).

80. **Q:** Must the CEO, President or Board Chair sign the Chart Phase 2 Proposal or may it be signed by some other senior level representative of the Hospital?

A: Proposals must include the signature of a CEO, President, or Board Chair. Per the RFP (Section IV.B.1; p. 24), "Each Proposal must include the following: 1) A cover letter signed by the President or Chief Executive Officer or Board Chair of the Applicant..."

81. **Q:** Do the caps for Mass HIway and Strategic Planning apply only to HPC CHART funds, or do Hospital and System contributions apply toward the limit?

A: The caps for the Mass HIway and Strategic Planning budget items apply only to HPC funding. A Hospital or System may make additional in-kind and financial contributions towards these activities, but additional contributions should be described in the Budget Template and Budget Narrative.

82. **Q:** Please clarify what is meant by "total required to fund partner organization" in the Budget Template. Should this represent only funding going directly to Proposal Partners?

A: CHART Phase 2 funding is not required to go directly to Proposal Partners. The Proposal Partner sections should be used to inform the HPC what money will be used (directly or indirectly) to support or enable Partnerships with other organizations, with detail provided in the Budget Narrative describing how the requested funds will be used to ultimately achieve the Aim Statement of the Proposed Initiatives.

83. **Q:** Page 26 of the RFP states that the Operational Response "must also include responses specified in the Metric Selection and Reporting Requirements," but a recent response on the Q&A says metrics can be submitted in a separate document. Please clarify whether the metrics must be included in the 20 page operational response.

A: Metric selection and description does not need to be included in the body of the Operational Response and can be uploaded as a separate document that does not count toward the 20 page limit of the Operational Response. However, questionnaires (unless they are a metric), graphs, and tables should be included in the Operational Response and do count toward the 20 page limit.

84. **Q:** Can the resume of the Investment Director be submitted as an Appendix to the Operational Response, and thus not count towards the 20 page limit? We also had planned to submit an Appendix page of References for in-text citations that we provided from the literature. Does this Appendix page of References count towards the 20 page limitation?

A: The resumes of the Investment Directors may be uploaded as separate documents and will not count towards the 20 page Operational Response limit. Similar to FAQ #44, a Reference page may be used in your Proposal. However, the Reference page(s) would count towards the 20 page limit.

85. **Q:** Does the 20 page limit include the number of pages required to fill in the Impact Template?

A: The Impact Estimate Template will not count towards the 20 page limit of the Operational Response.

86. **Q:** Are there any specific font restrictions for tables and graphs that are inserted within the Operational Response (including the Driver Diagram), or should applicants simply ensure that the font is legible?

A: Per the RFP (Section IV.B.1; p. 24), "All Proposals should be...single spaced in Times New Roman, with a minimum margin size of ¾ inch and a minimum font size of 11. The inserted tables and graphs should adhere to these guidelines as much as possible. Please also note that, per FAQ #44, graphs and diagrams contribute toward page limits (e.g., 20 pages in the case of the Operational Response).

87. **Q:** In the webinar on measurement it was explained that Proposals should address metric selection both in the Operational Response and in a separately uploaded list (e.g. excel spreadsheet). I do not see where the separately uploaded list is clearly described in the RFP. Could you please clarify and/or update the RFP?

A: Metric selection and description does not need to be included in the body of the Operational Response and can be uploaded as a separate document that does not count toward the 20 page limit of the Operational Response.

88. **Q:** Could you offer some clarification on the expected impact of Proposals? For example, if the request is for \$3 million, is there a percentage over this amount to be considered competitive? In the example Impact Estimate provided by the HPC, the request was for approximately \$4 million with projected the savings of \$13 million, suggesting an ROI of over 200%. Is that the type of impact needed?

A: The HPC has not specified an impact target for Phase 2 Proposals. There is no minimum required savings threshold. Impact Estimates should be realistic and supported by data related to your proposed Initiative(s). Impact is important, but it is one of a several competitive factors that will be considered when scoring Proposals. The example of 200% savings is only intended to be illustrative of how to use the Impact Estimate Template.

89. **Q:** In the Impact Estimate Template, on the total impact tab, line 24, column C, the projected cost (budget) for all initiatives, does that total include the aggregate budget or just the HPC requested amount?

A: The total projected cost (budget) should reflect all expenditures on the anticipate Initiative(s) including both the award requested of the HPC as well as other contributions by the Applicant(s).

90. **Q:** For a Hospital-Specific or Joint Hospital Proposal, could the required system contribution be towards an Initiative that benefits all system hospitals?

A: Yes.

91. **Q:** Would a request to include a mobile health van require additional explanation (i.e., like requests for capital improvements), or would this be considered a standard allowable expense under the “equipment” line item?

A: A mobile health van would not be considered a capital improvement cost. It should be described as an allowable ‘equipment’ line item. All items must be described in the Budget Narrative.

92. **Q:** If our anticipated activities will exceed the \$6 million cap – including an IT tool that exceeds the 20% Enabling Technology allowance -- should our Proposal include our full plan? Limiting our Proposal components to the Proposal cap and Enabling Technology parameter may present a disjointed picture of our overall activities.

A: All anticipated Initiatives related to the Aim Statement and Primary Aims – whether funded by the HPC or through other mechanisms – should be described in the Proposal. The \$6 million per CHART Hospital cap is the total maximum Award by the HPC. Proposals also should describe in-kind contributions, system contributions, or other funding sources for related activities that contribute to the overall Proposal. Additionally, the Enabling Technologies parameter is a guideline not a strict cap. Per the RFP “...the total expenditures on Enabling Technologies (including required Mass HIway participation and related expenses such as staff training, consultants, etc.) generally should not exceed 20% of a total budget proposal.”

93. **Q:** If our Community Partnership and Strategic Planning efforts, as well as sharing of resources are going to be made available to other nearby non-CHART hospitals (with no funds requested to support this effort), should we include these additional hospitals as part of our Proposal so that the HPC has a full picture of our anticipated Impact?

A: Yes – partnership with non-CHART hospitals (and all other partners) should be described in Proposals.

94. **Staff note:** The Budget Template (v3) has been updated to allow for up to four community partners and has been posted to the HPC CHART Phase 2 [Webpage](#).

FAQs Posted 9/10/14

95. **Q:** The HPC's Prospectus feedback includes two statements that seem to be in conflict: in one section in the general feedback, reduction of all-cause readmissions is used as an example of an appropriate Initiative to advance a Primary Aim, and in another section in the hospital-specific feedback, hospitals are encouraged not to use total hospital patient population as the Target Population for Initiatives. How do we successfully address these two pieces of feedback that seem to be in conflict?

A: These two separate comments refer to two different issues with similar terminology, one of measurement of impact and the other of selecting the group upon which to focus an Initiative. First, generally speaking, Proposals aiming to reduce readmissions should measure the impact on all-cause readmissions, without distinguishing between payer or diagnosis. There may be cases where deviation from an all-cause methodology is preferable due to identified Community Needs, but compelling justification for these cases should be included in a Proposal.

Some Initiatives within a Proposal may appropriately use all admissions as the Target Population. However, unless an Initiative truly will target every admission, a narrower Target Population should be described. The Target Population should encompass those patients who can reasonably be expected to receive the Initiative. If indeed the Target Population truly is the Hospital's overall catchment area, compelling arguments should be made as to how and why the population has been determined. Few CHART Phase 2 Initiatives are likely to target every admission and fewer still every resident of a Hospital's catchment area.

96. **Q:** For the Joint proposals, should each Applicant Hospital submit a set of the mandatory forms, or just one set of forms for the lead Hospital that is submitting?

A: Each Hospital participating in a Joint Hospital Proposal must submit a separate set of Mandatory Forms and Certifications. See the Submission Checklist (Attachment A, Exhibit 3), available on the CHART Phase 2 [webpage](#), for Hospital-Specific Proposal and Joint Hospital Proposal instructions on submission requirements.

FAQs Posted 9/11/14

97. **Q:** Q: Should the funding amount included in the cover letter reflect only the amount being requested from the HPC CHART Phase 2, or the total budget of the Proposal (including Hospital and System Contributions, etc.)?
- A:** The Proposal cover letter may state the total budget for the Proposal from all sources, so long as “the specific amount of funding requested” from the HPC also is clearly indicated in the cover letter, as required by the RFP (Section IV.B.1).
98. **Staff note:** [The Budget Template](#) was updated to correct a minor error in the Project title field and the Aim Statement field in the individual Hospital tabs. Please ensure you are using the correct version